

and we are taking money away from them in order to pay for them to do the job that they are supposed to do.

It discloses that the Medicare prescription drug benefit costs \$135 billion more than we were told it would cost just 2 months ago. This unexpected cost of \$135 billion totals more than the budgets of Commerce, Energy, Homeland Security, HUD, Interior, State, and EPA combined.

It calls for \$1.2 trillion in new tax cuts, \$65 billion in health tax credits, and \$43 billion in other new spending; but it claims that we can cut the deficit in half by 2009. These are all new costs, new expenditures that this budget does not pay for.

It is not credible, Mr. Speaker, to say we have presented an accurate and honest budget when it includes no funding for a war we are in the middle of fighting. It is not credible to say that cutting domestic spending by \$118 billion will pay for a \$1.2 trillion tax cut. It is not credible to say that you are strong on budget enforcement, but only apply the PAYGO rules to mandatory spending programs. It is not credible to say that deficits do not matter when you are spending over \$349 billion a year just on the interest payments on our \$7 trillion national debt.

Democrats keep getting told that we need to be tough on spending and that if we are tough on spending, all the other problems will take care of themselves. Well, that is another example of this great credibility gap. Blue Dog Democrats are tough on spending, as you will hear from a number of us today who are speaking. We voted for budget alternatives that do not exceed the President on spending. We are tough on spending. And as important, we are responsible on revenue. We do not pretend that you can have a tax cut without paying for it. Rather, we work with what we have got: a war that needs to be paid for, a budget that needs to be balanced, and an American public who looks to their leaders for credibility and for truth.

Right now we are faced with a choice. We can continue buying on credit, or we can begin budgeting with credibility. Our constituents want and our constituents deserve a credible budget. It is incredible that this administration has refused to submit one.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. MARIO DIAZ-BALART) is recognized for 5 minutes.

(Mr. MARIO DIAZ-BALART of Florida addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

EXCHANGE OF SPECIAL ORDER TIME

Mr. BISHOP of Utah. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from Florida (Mr. MARIO DIAZ-BALART).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Utah?

There was no objection.

MAKING MEDICARE RUN BETTER

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Utah (Mr. BISHOP) is recognized for 5 minutes.

Mr. BISHOP of Utah. Mr. Speaker, I have a good friend that bought a brand-new Mustang, and he loves that car wonderfully; but every once in a while parts of it will break, and he has to fix it. He tries to improve it every once in a while, not with changing its looks or its purpose. But without servicing that automobile, today it would be simply a rusting hulk. Its glory days evaporated. In fact, quite frankly, it would not run.

That car was built the same year Congress established Medicare. And with Medicare as well, if we did no servicing, if we did not slightly fix those few things that are broken, Medicare today would not run. We are not changing its looks or its purpose. Indeed, people today who are satisfied with Medicare as it is may keep the program as it is. In fact, incentives were put in the bill that we passed on Medicare to ensure just that. But we actually did try to improve the program in its prescription drug component to meet the needs of the most vulnerable of our senior citizens.

Let us face it, if you are over 65 today, it is almost impossible to buy a private health care policy dealing simply with prescription drugs. The most vulnerable segment of our seniors whose income is being dangerously compromised by prescription drug needs has grown over the past decade by 600 percent. In fact, every year almost a 60 percent increase of those personal economies are being endangered simply by prescription drug needs.

This Congress serviced the program for that portion that was not working to make it run better, and they did so free of government price controls, free of government mandates, free of government rationing at the same time. Let us face it, in the 1960s our effort in health care was basically reactive. We were paying for hospital costs.

Today, health care is preventative. Efforts use prescription drug to keep people out of hospitals, hopefully decreasing the overall health care spending that we have. Our medical needs will change. Our desires will also change, and we need to change to meet those particular needs in the government programs.

Sometimes you can tell something about an individual by the company he or she keeps. Those who complain the loudest about changes made to Medicare usually are the status, those who like mandates, the one-size-fits-all government-knows-best approach to the world. Those who are the most supportive are those who truly believe

that choice is good and options ennoble the spirit of America.

There are areas of health care today where the price and the cost is actually decreasing, but always in areas where choice is maximum and options are there, and no third party is limiting those options. As part of our health care change in Medicare, we have provided for health savings accounts, allowing for individuals to put pretax dollars into an account that would grow with tax-free interest that would belong with them, would go with them from job to job. Afterwards, when the needs were greatest, there would be an element of money that was there so that truly Americans could finally individualize their needs, make their own priorities without being filtered through a third party, and invite into the American system the opportunity for options that are no longer there in the health care field.

We are not finished with Medicare. It was not the final bill. As our lives change, our life experiences and expectations change; and the government needs to meet to change also, to meet those changing needs. What this bill did is provide an opportunity to fix an area that needed servicing, not to change the program but to simply make that program better.

We move to have more opportunities to have greater flexibility in the system. It is part of a long struggle that will continue on, a struggle to make medical care cheaper in the future, a struggle that will try and make it so that we can work to make modern market-based medicine a reality for all Americans. That is the option that was given to us. We did not change its looks or its purpose. We simply did some servicing to make it run better.

A SERIOUS ECONOMY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arkansas (Mr. BERRY) is recognized for 5 minutes.

Mr. BERRY. Mr. Speaker, this is very serious business. If this was not so serious, I think it would be easy for us to make jokes about some of the things that have been said on this floor this evening.

As I listened to the gentleman from Oklahoma describe this wonderful economy, I could not help but wonder where in the world he was coming up with this idea. We have lost over 2 million jobs in this country. We may have created some, but we have lost a lot more. It does not do any good to distort things or make these things up or make it look like something that it is not.

Come to the First Congressional District of Arkansas and tell someone that does not have a job and does not have health care and their unemployment has run out that things are great in America and they are going to get better because we are going to cut taxes on the wealthiest people in this country some more.